Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Smiley for Washington Inc. 228 S. Washington St. ADDRESS (number and street) (Check if address Ste. 115 is changed) Alexandria 22314 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) TiffanySmileyforSenate.com (Check if address is changed) DATE 2022 C00776765 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Smiley, Tiffany, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State WA District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	ve .
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	;).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FFO Forms 4 (Davis and O	2/2020)			Danie 2
١٨	FEC Form 1 (Revised 0 Write or Type Committee Name	2/2009)			Page 3
V		hington Inc			
	Smiley for Was			ilina ay Laaday	ahin DAC Cooper
6.	=	ganization, Affiliated Committee, Joint Fundraisin ATE 2022 (RTS 2022)	g Representat	ive, or Leader	snip PAC Sponsor
	REGERATION THE GETA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1				
	Mailing Address	901 N WASHINGTON ST			
		SUITE 700			
		ALEXANDRIA	ı ıVA	22314	
	_	CITY A	STATE		ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fur	ndraising Repres	sentative	Leadership PAC Sponso
7.	books and records.	fy by name, address (phone number optional) and po	osition of the pe	rson in possess	sion of committee
	Lielen Lie				
	Lisker, Lisa Full Name	,,			
	Tuli Name	228 S. Washington St.			
	Mailing Address				
		Ste. 115			
		Alexandria	, _I VA	22314	1-1 1
	Title or Position ▼	CITY A	STATE	.	ZIP CODE ▲
	·			700	25.40
	Treasurer	Telepho	one number	703	281 - 7540
8.		address (phone number optional) of the treasure	r of the commi	ittee; and the n	ame and address of
	any designated agent (e.g., a	ssistant treasurer).			
	Full Name Lisker, Lisa	, ,			
	of Treasurer				
	Mailing Address	228 S. Washington St.			
		Ste. 115			
		Alexandria	VA		
		Alexandria	L VA	22314	
		CITY ▲	STATE	A	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		one number	703 -	281 - 7540
		reiepric	ALIO HUHIDOI		

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
•		Depositories: List all banks or other depositories in which the committee deposits funds, ho xes or maintains funds.	lds accounts, rents
	Name of Bank, D	pepository, etc.	
		Truist/BB&T	
	Mailing Address	1445 New York Ave., NW	
		4th Floor	
		Washington DC 20005	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	repository, etc.	
		Bank of America	
	Mailing Address	600 N Washington St.	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
SMILEY VICTOR	Y FUND		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	Leadership PAC Sp
	y by name, address (phone number – optional)		Leadership TAO O
esignated Agent: Identif			Leadership TAO O
esignated Agent: Identif			Leadership TAO O
esignated Agent: Identif			
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or me	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	=	Organization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON ST		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint F	undraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	phone Number	
9.		ries: List all banks or other depositories in which th	e committee deposit	s funds, holds accounts, rents
		Bridge Bank		, , , , , , , , , , , , , , , ,
	Name of Bank, Depository, etc.			
	Name of Bank, Chain	Bridge Bank		
	Name of Bank, Depository, etc.	Bridge Bank 1445-A Laughlin Ave		
	Name of Bank, Depository, etc.	Bridge Bank	VA	22101

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund S COMMITTEE	draising Representative	e, or Leadership PAC Spons
Mailing Address	1305 W 11TH STREET		
	#213		
	HOUSTON	TX	77008
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join Strain Join Strain Strain Join Strain St	nt Fundraising Representa	ative Leadership PAC Spo
Pesignated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY CITY Dries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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5(g)	or(h). Joint Fundraisin ç	Participant:			
	1		FEC ID	number	C
	2.		FEC ID	number	C
	3		FEC ID	number	C
	4		FEC ID	number	С
6.		Organization, Affiliated Committee, Joint Fun Dublican Nominee Fund 2022	draising Rep	resentative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 9891			
		Arlington		L VA	22219
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Jo	int Fundraising	Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)			
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲	5	STATE A	ZIP CODE ▲
			Telephone Nu	umber	
9.	safety deposit boxes or mai	ies: List all banks or other depositories in which ntains funds.	ch the commit	tee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.				
	Mailing Address				
		CITY ▲	9	STATE A	ZIP CODE ▲

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5(g)or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
6. Name of Any Connected TAKE BACK THE	Organization, Affiliated Committee, Joint Fundraisi	ng Representative	e, or Leadership PAC Sponsor
TAKE BACK THE			
Mailing Address	PO BOX 9891		
_			
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X Joint Fur	ndraising Representa	ative Leadership PAC Sponsor
Connected	Allillated Committee A Joint Fur	idiaising riepresenta	E Education Price Openior
	by name, address (phone number – optional)	Indianing Hepresente	Leadership 1770 opensor
8. Designated Agent: Identify		Indiasing Represente	
8. Designated Agent: Identify Full Name		Indiasing Represente	
8. Designated Agent: Identify Full Name			
8. Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8. Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
8. Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Teleph ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
8. Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	by name, address (phone number – optional) CITY Teleph ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
8. Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	by name, address (phone number – optional) CITY Teleph ries: List all banks or other depositories in which the	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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n). Joint Fundraisin g				C ID mussbar	
1.				EC ID number	
2.				EC ID number	С
3.			FE	EC ID number	C
4.			FE	EC ID number	C
				g Representativ	re, or Leadership PAC Spo
McMorris Rodgers	Smiley Winning	Washington 2	2022		
Mailing Address	PO Box 2485				
	Springfield			VA	22152
Relationship:		CITY A		STATE ▲	ZIP CODE A
Connected	Organization Affilia	ated Committee	X Joint Fund	raising Represent	tative Leadership PAC
				aising Represent	tative Leadership PAC
esignated Agent: Identify				raising Represent	tative Leadership PAC
esignated Agent: Identify Full Name				raising Represent	tative Leadership PAC
esignated Agent: Identify Full Name		one number – optic	onal)		
esignated Agent: Identify Full Name	by name, address (pho	one number – optic	onal)		Leadership PAC ZIP CODE ZIP CODE
esignated Agent: Identify Full Name Mailing Address	by name, address (pho	one number – optic	onal)		
Full Name Mailing Address	by name, address (pho	one number – optic	onal) Telepho	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or main	by name, address (pho	one number – optic	onal) Telepho	STATE A	ZIP CODE A
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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
NORTHWEST P	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	228 S WASHINGTON ST		
J	STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee X Joby by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	cy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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